## **Rate Floor Data**

RATE FLOOR DATA COLLECTION - OMB Control Number 3060-0986										
Block 1 - Contact Information										
ROW #	DATA ELEMENT			FORMAT OF REQUESTED DATA	RESPONSE					
1	Carrier Study Area Code			6 numeric digits		361427				
2	Carrier Study Area Name			alpha characters	Consolidated Comr	munications of Minnesota Company				
3	Service Provider Identification Number			9 numeric digits	143002116					
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2016					
5	Contact Name			alpha characters	Jim DeLoss					
6	Contact Telephone	Number (include ar	ea code)	9 numeric digits	9365217737					
7	Sheet number			numeric digit(s)	1					
8	Total Number of Sh	neets		numeric digit(s)	1					
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	2 - Residential L  Column 3  State Universal Service Fee	Column 4 Mandatory Extended Area	Column 5 Loops	e Counts				
9	-	-		Service Charge						
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## TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN REHALF.

Certification of Officer as to the Accuracy of the Data Reported for the Rate Floor Data										
I certify that I am an officer of the reporting of my knowledge, the information reported o	carrier; my responsib on this form is accura	illities includ ite.	de ensuring the accuracy of the	e actual rate floor data r	eported ; and, to the best					
Name of Reporting Carrier Consolidated Communication  Signature of authorized officer  Printed name of authorized officer Michael Shultz	ons of Minnesota Compa	iny			Date 06/25/2016					
Title or position of authorized officer VP Legislative and										
Study Area Code of Reporting Carrier	361427		Filing Due Date for this form (mm/dd/yyyy)	7/1/2016						